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CURES BY REMOVAL OF AN INJURED AND DISEASED TESTICLE AND A FOREIGN BODY FROM THE NOSE.

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CURES BY REMOVAL OF AN INJURED AND DISEASED TESTICLE AND A FOREIGN BODY FROM THE NOSE.[1]

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The following case, which I was called to see in New Jersey, and in which I have been much interested, was admitted by Dr. Weir Mitchell to his ward in the Infirmary for Nervous Diseases; he has kindly placed it at my disposal. The following history was elicited:

Case I.—Father's and mother's family healthy and free from nervous disease. Mother still living. The patient, a sailor by occupation, has always been a healthy, robust man; he is a Swede, forty-three years of age, and weighs two hundred and fifty pounds. He has lifted nine hundred and fifty pounds. He is a man of intelligence, clear-headed. On February 17, 1888, while loading a vessel, a bale of hay fell ten feet from the dock to the ship's deck, striking him on the right hip and forcing him to the entrance of the main hatch, the edge of which is elevated about a foot above the deck. On this edge he was caught; the pressure was expended in a line running from between his legs to the left shoulder. His right leg was broken. There were severe bruises, but no break of the skin.

The patient cannot say that his head was struck; he was, however, unconscious for half an hour or an hour, and was carried to the cabin. He had probably no convulsion at that time. The fracture was set by a surgeon, and he was sent to the United States Marine Hospital at Portland, Maine. There was great pain in the back and in the left side, and the patient had cramps from the start. The muscles of the left side of the abdomen were drawn up in knots, he says, the size of two clenched fists. He does not think the abdomen was discolored. There was no fever. The pain in the side was relieved in about ten days, but remained in the back.

From the start it was noticed that the left testicle had been forced out of its position; it could not be felt. The right one remained intact. On the eighteenth day he was seized with rather sharp pain running along the left groin into the scrotum. At this time he began to feel queer in the head and left shoulder, elbow, hand, heart, and thigh; not

[1] Read before the Philadelphia Neurological Society, March 25, 1889.

Thirteen years later he had his first fit. It came on without aura or other warning. He made some guttural noise, had convulsions of arms and legs, with movements of the eyes. During the attack he was perfectly unconscious. He had three convulsions the first night. Duration about half an hour, and was very drowsy afterward.

One month later he had a second attack similar to the first. Spasms have recurred at intervals of from six weeks to three months during the last fifteen years. The patient has had as many as eleven in twenty-four hours.

Examination shows an atrophied testicle about one-sixth the size of the right. Cremasteric reflex less in the right side than in the left. There is no aura or feeling referable to the testicles. Pressure on the testicle does not give pain in the head. Sexual power is as good as ever.

It may fairly be questioned whether in this case the injury and the epilepsy are in the relation of cause and effect, but I think that, in the absence of other known exciting causes, and coming on at the age of thirty-six, especially in view of the case first described, this may reasonably be placed in the same category.

Dr. Weir Mitchell has kindly given me the following communication :

Case III.—The record of the case of epilepsy, which was cured by the removal of a diseased testicle, has recalled to my mind a case, of which, unfortunately, I have no notes, although I retain a vivid remembrance of it.

Many years ago, whilst in attendance as physician at the Pennsylvania Institute for the Blind, I was called upon to see a blind girl about seventeen years of age who was afflicted with epilepsy. The attacks were violent, so that she bit her tongue. After each attack she became unconscious and remained so for some hours. The attacks came on at intervals of not less than two days, and were increasingly frequent when first my attention was called to the condition. The girl was of rather weak mind, and had the history of a fall upon the head, to which the attacks had been attributed. A very careful examination revealed the fact that she had a purulent discharge from the left nostril. In the effort to treat this it was discovered that that side of the nose was completely occluded by a foreign body. This was extracted piece by piece, and was found to be a bean, which, in some foolish play, had been pushed up the nostril and lodged there. It had at one time begun to sprout, but this growth had manifestly been arrested by circumstances unfavorable to its increase.

The removal of the bean and washing out of the nostril with proper astringent solutions resulted in complete cure of the fits. As I remember it, she had one or two after the removal of the foreign body, but no more. These attacks were most positively of an epileptic nature, and they had nothing about them of hysterical quality. They had long been considered incurable. The case is so simple that there is really no more to tell than what I have here so briefly placed upon record.

Of course, these three cases ought to be distinguished from idiopathic epilepsy. They may be designated as eccentric or peripheral convulsions, and belong to the same category as dentition-convulsions, fits from worms, etc.

In the case of the sailor reported it took two months for the changes in the testicle to produce that degree of irritation which caused the fit. There was no special proclivity in the disposition of the patient. The injured organ, however, produced not only in the afferent nerve but in the centre to which it is attached some interstitial change. Just what it is we are unable to say, but it was sufficient to produce motor impulses along efferent nerves.

The injured and diseased testicle was the cause of the convulsions, but the accompanying irritation was certainly not of a high inflammatory character, the organ being over tender but not actively painful. Peripheral irritations as causes of epilepsy are not necessarily accompanied by sensation. For this reason it is imperative in all cases of apparently causeless repeated convulsive attacks to seek out the points of irritation. It is the treatment of these cases for which there are tangible causes that yield the brilliant results. In an interesting communication made about one year ago on the subject of epilepsy from dental irritation, Dr. A. P. Brubaker recorded such a case, successfully treated by extraction of a carious tooth, and accounts of fifteen similar cases were collected by him.

In the case of the sailor with the injured testicle it was a matter of uncertainty whether or not the epilepsy had not become so engrafted upon the brain as to continue even after the operation. No doubt many cases of so-called idiopathic epilepsy and Jacksonian epilepsy have been reflex in their origin. In consequence of some intense reflex excitation epileptic paroxysms have come on, the cerebral cortex has discharged in a particular way, and this habit of discharge has been fixed upon certain regions of the cerebrum; and in these cases, even after the subsidence of the reflex excitement, and in some cases after the removal of the reflex cause by operation, the epilepsy which has been imposed upon the central nervous system persists. Such a case has been recorded by Dr. Mills.[1] In that instance the patient had fallen at the age of four, striking the head and injuring it. Epilepsy supervened; the convulsions were sometimes without unconsciousness, and always began in a finger of the injured hand, and extended in a peculiar order. At the age of fifteen the finger was operated upon and a neuroma found by Dr. S. W. Gross. A second operation was deemed necessary and was performed by Dr. Hearn. For at least one year the patient had the seizures as frequently as before. They then began to diminish in frequency. At this time, several years since the operation, it is reported that for two years the patient has had no convulsion.

These cases are especially interesting in view of the question of removal of the cortex. The fact that the epilepsy has been originally of

[1] Trans. International Congress, 1888.

reflex origin does not render a cortical operation improper, but it is, of course, not to be considered until a peripheral operation has been tried.

There is in the class of reflex convulsions a form called pleuritic epilepsy. It was first described by M. Maurice Raynaud, of Paris, in 1875.[1] It was found that the injection of weak solutions of iodine, chloral, carbolic acid, etc., into the pleural cavity in the treatment of chronic pleurisy was followed by convulsive attacks in certain cases. A partial hemiplegia has also followed such injections, and in other cases followed the convulsions. These reflex convulsions have proved fatal; the result, however, not at all due to absorption of the substances injected. It is stated that after the injection suddenly the face becomes very pale, the respiration is suspended, and the pulse is very small and scarcely felt. Generally the spasms are first confined to the face or arm of the side of the injection, but soon they become general; at first tonic, then clonic and accompanied by profound unconsciousness.

Study would doubtless bring to light many instances of the peripheral excitation of the spasms in so-called centric or idiopathic epilepsy. Echeverria believed that, on the whole, everything warrants us in thinking that in epilepsy the spasm is always induced by peripheral irritations, generally unfelt or not easily discoverable, and that, even without removing the original lesion of the disease, the fits may be subdued as long as all source of disturbance be withdrawn from the nervous system. He gives in a total of 286 a list of 28 cases of epilepsy from peripheral irritation, many of which, however, should strictly not be admitted to that class.

Herpin, whose work was published in 1852, gives no cases as from peripheral irritation in his list of 68.

Reynolds classifies epilepsy from dentition, indigestion, venereal excesses, dysentery, etc., under eccentric irritation, and records 16 cases. Hammond in 572 cases gives 21 as from dentition, 24 from blows on the head, and 4 from peripheral wounds or injuries.

Injuries of the testicles have produced reflex paralysis as well as epilepsy. Such an instance of paralysis from peripheral irritation has been recorded by Dr. Weir Mitchell[3] as follows:

A sergeant was shot in the right testicle; the organ was almost entirely destroyed by the ball. He fell without pain, believing himself wounded in the back; he then became senseless, but recovered in a few minutes and could walk. The right foot, however, dragged. There was paralysis of the right anterior tibial muscle and peroneus longus.

As a remedial measure for epilepsy in general castration has been advised, and, according to Gowers, has been performed without effect.

[1] H. C. Wood: Nervous Diseases and Their Diagnosis, p. 110, 1887.

[2] Echeverria: Epilepsy, p. 206, New York, 1870.

[3] S. Weir Mitchell: Paralysis from Peripheral Irritation. N. Y. Medical Journal, 1868.